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1980 HOSPITAL INPATIENT UTILIZATION
BY COUNTY
FOR MEDICARE AND MEDICAID PATIENTS

by Paul A. Buescher*

Introduction

This study examines 1980 inpatient utilization of nonfederal short-stay general hospitals by North Carolina residents. Medical records abstracts for patients discharged from January through December 1980 were assembled from several different sources. This data collection effort updates and expands an October 1978 pilot project, which is fully described in an earlier study in this series (1).

The main purpose of this report is to present hospital utilization rates for selected diagnosis groups and for selected surgical procedures by county of residence of the patients. Data from a number of different hospitals are combined to arrive at this residence-based information. These rates are for Medicare and Medicaid patients only, since these are the only groups for which we had data complete enough to produce estimates at the county level. In addition, there are a brief overview of how the data were collected, an attempt to validate the total data file with other sources of hospital data, and a comparison of total North Carolina hospital utilization in 1980 with that in the United States as a whole.

At the end is a discussion of the major results of the study and of the advantages and limitations of this type of data. The information presented herein shows that North Carolina has a consistently lower rate of hospitalization than the United States as a whole. Another major finding is that North Carolina county hospital use rates vary by a factor greater than two for Medicare patients and by a factor of over four for Medicaid patients. The question is raised of how the need for hospital services is translated into demand.

The method employed here is basically descriptive. We intend to follow this presentation with a more explanatory study, which employs other variables in an attempt to elucidate some causes of the substantial geographic differences in hospital utilization that have been observed.

^{*}See acknowledgments at end of paper.